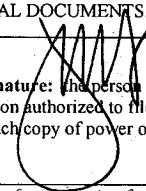


Tab 8 BKK Ex. 8

B 10 (Official Form 10) (12/08 Modified CEM)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
In re Chemtura Corporation, et al., Case No. 09-11233 (REG) (Jointly Administered)		
Name of Debtor: Chemtura Corporation	Case Number: 09-11233	
NOTE: This form should not be used to make a claim for administrative expenses arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503(a).		
Name of Creditor (the person or other entity to whom the debtor owes money or property): BKK Joint Defense Group c/o James J. Dragna Bingham McCutchen LLP 355 S. Grand Ave., Ste. 4400, Los Angeles, CA 90071 Tel.: (213) 680-6400		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
If address and name different from above, please provide the name and address where notices should be sent: Creditor Name: Address: City/State/ZIP Telephone number:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ See attached addendum (Unsecured) addendum (Secured) \$ (Priority) \$ (Total) If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a) or 11 U.S.C. § 503(b)(9). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtors business, whichever is earlier — 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan — 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units — 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). Amount entitled to priority: \$ _____
2. Basis for Claim: See attached addendum (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: n/a 3a. Debtor may have scheduled account as: n/a (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. If the supporting documents are in excess of 100 pages, you may attach a summary of them and a list of each document you have relied upon. You may also attach a summary. (See definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.		*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
Date: 10/29/09 Signature:  Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.		FOR CREDITORS ONLY RECEIVED OCT 30 2009 KURTZMAN CARSON CONSULTANTS

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 1571, 1572



- ☒ Date Stamped Copy Returned
☐ No self addressed stamped envelope
☐ No copy to return

BINGHAM

Connie Salcido Delgado
Direct Phone: 213.68 0.6550
Direct Fax: 213.830.8744
connie.delgado@bingham.com

October 30, 2009

Via Hand Delivery

Chemtura Claims Processing Center
c/o Kurtzman Carson Consultants
2335 Alaska Avenue
El Segundo, CA 90245

**Re: In re Chemtura Corporation, Case No. 09-11233 (REG)
United States Bankruptcy Court, Southern District of New
York**

Dear Sir/Madam:

Enclosed please find Proofs of Claims on behalf of the BKK Joint Defense Group for the five Chemtura Corporation debtors listed below:

- (1) Chemtura Corporation; 09-11233
- (2) GLCC Laurel, LLC; 09-11246
- (3) Great Lakes Chemical Corporation; 09-11247
- (4) ISCI, Inc.; 09-11252
- (5) Uniroyal Chemical Company Limited (Del.). 009-11258

Please file the original and return a file/date stamped copy to the messenger.

Please call me if you have any questions. Thank you.

Sincerely yours,



Connie Salcido Delgado

Enclosures

Boston
Hartford
Hong Kong
London
Los Angeles
New York
Orange County
San Francisco
Santa Monica
Silicon Valley
Tokyo
Walnut Creek
Washington

Bingham McCutchen LLP
Suite 4400
355 South Grand Avenue
Los Angeles, CA
90071-3106

T 213.680.6400
F 213.680.6499
bingham.com

In re Chemtura Corporation, *et al.*
Case No. 09-11233 (REG) (Jointly Administered)

**ADDENDUM TO PROOF OF CLAIM OF
THE BKK JOINT DEFENSE GROUP AND EACH MEMBER THEREOF
INCLUDING STATEMENT OF CLAIM AND SUPPORTING EXHIBITS**

1. This Proof of Claim ("Claim") is filed on behalf of the unincorporated group of entities referred to as the BKK Joint Defense Group (the "Group") and each individual member thereof (each a "Group Member," collectively "Group Members"), for that share of all expenses, damages, and response costs owed to the Group by one or more of the Debtors (the "Debtors") in the above-captioned bankruptcy proceedings, arising out of or in any other way related to, directly or indirectly, liabilities in connection with a 583-acre landfill facility located at 2210 South Azusa Avenue, West Covina, California (the "Facility"). Attached as Exhibit A hereto, and incorporated herein by reference, is a list identifying the name of each Group Member as of the date of this Claim. The signatory to this Proof of Claim is counsel for the Group, including each Group Member in such capacity, and counsel has been authorized by each Group Member to execute and file this Claim on behalf of the Group and the Group Members.

2. On March 18, 2009 (the "Petition Date"), the Debtors filed a voluntary petition for relief under chapter 11 of title 11 of the United States Code, 11 U.S.C. §§ 101 *et seq.* (the "Bankruptcy Code").

3. The Facility consists of a hazardous waste landfill, a municipal waste landfill, and associated treatment and control facilities, and is currently owned and operated by BKK Corporation ("BKK"). As current owner of the Facility, BKK is subject to certain post-closure care obligations and certain regulatory requirements under state and federal environmental laws. On October 18 and 20, 2004, BKK notified the California Department of Toxic Substances Control ("DTSC") that it would not be able to continue funding its post-closure and other obligations with respect to the Facility beyond November 17, 2004.

4. Pursuant to a settlement with DTSC, the Group has performed certain operation, maintenance, and monitoring activities at the Facility and has paid to DTSC certain response costs associated with the Facility. The Group expects to enter into a successor settlement with DTSC shortly, under which it will continue to perform certain operation, maintenance and monitoring activities at the Facility and will continue to pay to DTSC certain response costs associated with the Facility.

5. On information and belief, prior to the Petition Date, certain state and/or federal regulatory agencies may have identified one or more of the Debtors as potentially responsible parties ("PRPs") under the Comprehensive Environmental Response, Compensation and Liability Act, 42 U.S.C. § 9601 *et seq.* ("CERCLA"), and/or other state or federal environmental laws, because of their status as prior owners or operators of the Facility, or because they had either generated or arranged for the disposal of materials at the Facility.

In re Chemtura Corporation, et al.
Case No. 09-11233 (REG) (Jointly Administered)

6. The Group believes that, as of the date of this Proof of Claim, several of the Debtors had generated waste that was deposited at the Facility, or may have arranged for waste to be deposited at the Facility, including:

- **Chemtura Corporation** (operating under the names Allied Kelite Company; DeSoto, Inc.; Golden Bear Oil Co.; Halby Chemical; Halby Products, Inc.; Humko; Richardson Graphics Company; Sigma Chemicals, Inc.; Southwest Petro-Chem, Inc.; Uniroyal Chemical Company, Inc.; Uniroyal Chemical Corporation; Uniroyal Chemical Specialties, Inc.; and/or Witco Corporation);
- **Great Lakes Chemical Corporation;**
- **Great Lakes Chemical Global, Inc.;**
- **ISCI, Inc.** (operating under the name Inland Specialty Chemical Corporation); and
- **Uniroyal Chemical Company Limited (Del.).**

7. The waste manifests indicating that these Debtors deposited waste at the Facility are voluminous. Therefore, the Group has attached representative waste manifests for each such Debtor to this Proof of Claim as Exhibit B. Any party in interest may review the additional waste manifests by contacting the attorney for the Group as identified on the face of the Proof of Claim form.

8. On information and belief, based on their status as PRPs at the Facility, several of the Debtors may be liable to the Group under common law and applicable state and federal environmental statutes, including, without limitation, jointly and severally liable for recoverable response costs under section 107(a) of CERCLA and liable in contribution under section 113(f) of CERCLA. Past recoverable costs to date are in excess of \$35 million. Future recoverable costs are estimated to be in excess of \$500 million.

9. The Group, on behalf of itself and each Group Member, reserves its rights to amend this Claim from time to time to restate amounts contained in this Claim as it becomes further liquidated, and for other lawful purposes, including, without limitation, to file additional proofs of claim for additional sums that become due based on the respective rights and obligations established under the documents referred to herein, the relationships described herein or the events and circumstances described herein.

10. The Group, on behalf of itself and each Group Member, reserves its rights to claim all amounts due in respect of any post-Petition interest, default interest, all rights of and to indemnification, premiums, collection costs, pre- and post-Petition Date fees, costs and expenses, including, without limitation, attorneys' fees, costs and expenses, in amounts as yet undetermined, to the extent allowed by applicable law.

In re Chemtura Corporation, *et al.*
Case No. 09-11233 (REG) (Jointly Administered)

11. This Claim is filed under the compulsion of the bar date established in this chapter 11 case and is filed to protect the Group and the Group Members from forfeiture of claims by reason of said bar date. Filing of this Claim is not and shall not be deemed or construed as:

- (a) a waiver or release of the Group's or any of the Group Members' rights against any person, entity or property (including, without limitation, any person or entity that is or may become a debtor in a case pending in this Court);
- (b) a consent by the Group or any of the Group Members to the jurisdiction of this Court or any other court with respect to proceedings, if any, commenced in any case against or otherwise involving the Group or any Group Members;
- (c) a waiver or release of the right of the Group or of any of the Group Members to trial by jury in this Court or any other court in any proceeding as to any and all matters so triable herein, whether or not the same be designated legal or private rights, or in any case, controversy or proceeding related hereto, notwithstanding the designation or not of such matters as "core proceedings" pursuant to 28 U.S.C. § 157(b)(2), and whether such jury trial right is pursuant to statute or the United States Constitution;
- (d) a consent by the Group or any of the Group Members to a jury trial in this Court or any other court, in any proceeding as to any and all matters so triable herein or in any case, controversy or proceeding related hereto, pursuant to 28 U.S.C. § 157(e) or otherwise;
- (e) a waiver or release of the right of the Group or any of the Group Members to have any and all final orders in any and all non-core matters or proceedings entered only after de novo review by a United States District Court Judge;
- (f) a waiver of the right to move to withdraw the reference with respect to the subject matter of this Proof of Claim, any objection thereto or other proceeding which may be commenced in this case against or otherwise involving the Group or any of the Group Members;
- (g) an election of remedies; or
- (h) a waiver or release of any right of setoff or recoupment that the Group or any Group Members may hold against any of the Debtors. Furthermore, the Group reserves the right to attach or bring forth additional documents supporting its claims.

12. The filing of this Proof of Claim shall not be deemed a waiver of the right of the Group or of any Group Members to assert that any or all of the amounts owed to it, if any, are entitled to administrative priority status or other priority status.

In re Chemtura Corporation, *et al.*
Case No. 09-11233 (REG) (Jointly Administered)

13. This Claim is filed in addition to and not in lieu of any other claim filed by any division of the Group or the Group Members or by any of their affiliates.

In re Chemtura Corporation, *et al.*
Case No. 09-11233 (REG) (Jointly Administered)

EXHIBIT A

Members of the BKK Joint Defense Group

American Honda Motor Co., Inc.
Anadarko Petroleum Corporation
Atlantic Richfield Company
Bayer CropScience Inc.
Chemical Waste Management, Inc.
Chevron Environmental Management Company
City of Los Angeles, Department of Water and Power
ConocoPhillips Company
Ducommun Aerostructures, Inc.
Exxon Mobil Corporation
General Motors Corporation
Honeywell International Inc.
Huntington Beach Company
McFarland Energy, Inc.
National Steel and Shipbuilding Company
Northrop Grumman Corporation
Quemetco, Inc.
Rohr, Inc.
Shell Oil Company
Southern California Edison Company
Thums Long Beach Company
Union Carbide Corporation
Union Oil Company of California
Waste Management Collection and Recycling, Inc.
Western Waste Industries, Inc.
Xerox Corporation

In re Chemtura Corporation, *et al.*
Case No. 09-11233 (REG) (Jointly Administered)

EXHIBIT B

Representative Waste Manifests

**CALIFORNIA HAZARDOUS WASTE
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814**

DES FOR
PLEASE TYPE
EARLY.
ADDRESS HARD

870

GENERATOR MUST COMPLETE

NAME ALLEN KALITE
EPA NO. CAL0000000000
ADDRESS 1212 N. MAIN ST
CITY, STATE, ZIP CODE LA CA 90001
PHONE NO. 213 921 0433
ORDER PLACED BY DATE 5/14/10

DESIGNATED TSD FACILITY

NAME ALLEN KALITE
EPA NO. CAL0000000000
ADDRESS 1212 N. MAIN ST
CITY, STATE, ZIP CODE LA CA 90001
PHONE NO. 213 921 0433

ALTERNATE TSD FACILITY

NAME ALLEN KALITE
EPA NO. CAL0000000000
ADDRESS 1212 N. MAIN ST
CITY, STATE, ZIP CODE LA CA 90001
PHONE NO. 213 921 0433

U.S. DOT PROPER SHIPPING NAME
WASTE
WASTE

WASTE CATEGORY
LIST COMPONENTS
A HAZARDOUS WASTE
B HAZARDOUS WASTE
C HAZARDOUS WASTE
D HAZARDOUS WASTE

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

TRANSPORTER (HAULER MUST COMPLETE)
NAME ATS LIQUID WASTE DISPOSAL
EPA NO. CAL0000000000
ADDRESS 13858 E. Rosecrans
CITY, STATE, ZIP CODE Santa Fe Springs, CA 90670
PHONE NO. (213) 921 0433

TSD FACILITY (OPERATOR MUST COMPLETE)
NAME ALLEN KALITE
EPA NO. CAL0000000000
INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:
NAME ALLEN KALITE
EPA NO. CAL0000000000
REVISED 11/80

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

NAME ALLIED KELITE
EPA NO. CA0000000000000000
ADDRESS 225 N. MAIN
CITY, STATE, ZIP CODE LA
PHONE NO. 322-0201
ORDER PLACED BY DATE 1-3-83
P.O. CONTRACT NO.

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

MANIFEST NUMBER 498 NO 001399

DESIGNATED TSD FACILITY

ALTERNATE TSD FACILITY

NAME BKK RA
EPA NO. CA0000000000000000
ADDRESS 225 N. MAIN
CITY, STATE, ZIP CODE LA
PHONE NO. 322-0201

U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER	DRUMS	BAGS	CARTONS	DUMP TRUCK
WASTE			625	30L					
WASTE									

GENERATING PROCESS SUPPLY

EX. HAZ. WASTE PERMIT NO.

WASTE CATEGORY MUR
LIST COMPONENTS:
A MUR PPM 7 E WATER PPM 7
B SILICATE PPM 5 F PPM 5
C PHOSPHATE PPM 1 G PPM 1
D SODA ASH PPM 10 H PPM 10

WASTE PROPERTIES: PH 8 TOXIC FLAMMABLE CORROSIVE IRRITANT SENSITIZER CARCINOGEN MUTAGEN
PHYSICAL STATE: SOLID LIQUID SLUDGE GAS OTHER NONE
SPECIAL HANDLING INSTRUCTIONS: GLOVES GOGGLES RESPIRATOR

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.
IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802.
SIGNATURE OF AUTHORIZED AGENT & TITLE [Signature] DATE SHIPPED 1-3-83

TRANSPORTER (HAULER MUST COMPLETE)

NAME A.T.S. LIQUID WASTE DISPOSAL
EPA NO. CA0000000000000000
ADDRESS 13858 E. Rosecrans
CITY, STATE, ZIP CODE Santa Fe Springs, CA 90670
PHONE NO. (213) 9210433
JOB NO. 4700 PICK UP DATE 1-3-83
UNIT NO. 1 TIME AM

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME BKK
EPA NO. CA0000000000000000
INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
EPA NO.
REVISED 11/80
QUANTITY MEASURED 561
STATE FEE 5.49
HANDLING OR DISPOSAL METHOD: LANDFILL
SURFACE IMPOUNDMENT
INJECTION WELL
TREATMENT (SPECIFY)
RECOVERY OR REUSE
STORAGE TRANSFER
SIGNATURE OF AUTHORIZED AGENT & TITLE [Signature] DATE ACCEPTED 1-5-83

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

Revised December 1974

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): DE SOTO Code No.
Pick up Address: 615 W. Grove (City) Orange (State) CA
Telephone Number: 714 847-1072 P.O. or Contract No.:
Order Placed By: De Soto Date: 6-18-80

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): STEVEYSON BROS Code No.
Business Address: 18062 Gothard (BX 335) (City) Huntington Bch (State) CA
Telephone Number: 714 847-1072 Pick up: (Date) 57 Time:
State Liquid Waste Hauler's Registration No. (if applicable):

Type of Process which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drilling--Code No.
wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

- Check type of wastes:
- ☐ Acid solution
 - ☐ Alkaline solution
 - ☐ Paint sludge
 - ☐ Solvent
 - ☐ Tetraethyl lead sludge
 - ☐ Chemical toilet wastes
 - ☐ Tank bottom sediment
 - ☐ Oil
 - ☐ Drilling mud
 - ☐ Contaminated soil and sand
 - ☐ Camery waste
 - ☐ Latex waste
 - ☐ Mud and water
 - ☐ Brine

☐ Other (Specify) Code No.

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Concentration: %	Upper	Lower	ppm
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:
PH ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive
Bulk Volume: 2520 gal ☐ drums ☐ bags ☐ other (specify)
Containers: (Number) ☐ drums ☐ bags ☐ other (specify)
Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other (specify)
Special Handling Instructions (if any): none

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).
I certify (or declare) under penalty of perjury that the foregoing is true and correct.
Signature of authorized agent and title

Job No.: 31495 No. of Loads or Trips: 1 Unit No.: 34
Vehicle: ☒ Vacuum truck ☐ flatbed, ☐ other (specify)
The described waste was hauled by me to the disposal facility named below and was accepted.
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): BKK Land Fill Code No.
Site Address: 220 RUSA CA

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RMOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 6.37 State fee (if any):

Handling Method(s):

- ☐ recovery
☒ treatment (specify):
☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify): Code No.

If waste is held for disposal elsewhere specify final location:

Disposal Date: 6-18-80
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

2/3

No. 2805

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

23300 CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

See reverse side for Instructions.
Please type or print clearly. Press Hard.

1 Manifest Number 009-087201

GENERATOR (Generator Must Complete) Name <u>GUDEN BEAR</u> EPA NO. <u>CA10067786749</u> Address <u>4000 E WILMINGTON</u> Phone No. _____ City, State, Zip <u>LA CAL.</u>		Designated TSD Facility (Authorized to operate under an approved state program or federal program) Name <u>BKK</u> EPA NO. _____ Address _____ City, State, Zip _____		Alternate TSD Facility Name _____ EPA NO. _____ Address _____ City, State, Zip _____	
U.S. DOT PROPER SHIPPING NAME WASTE <u>WATER</u> WASTE <u>OIL</u>		U.S. DOT HAZARD CLASS <u>9800</u>		U.S. DOT WEIGHT OR VOLUME <u>6000</u> GAL.	
U.S. DOT PROPER SHIPPING NAME WASTE <u>WATER</u> WASTE <u>OIL</u>		U.S. DOT HAZARD CLASS <u>9800</u>		U.S. DOT WEIGHT OR VOLUME <u>6000</u> GAL.	
WASTE CATEGORY <u>148</u> LIST COMPONENTS: A. <u>WATER</u> B. <u>OIL</u> C. _____ D. _____		EX. HAZ. WASTE PERMIT NO. _____ GENERATING PROCESS <u>RAIN WATER</u>		CONTAINERS NUMBER: TYPE: <input checked="" type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER _____	
WASTE PROPERTIES: pH <u>7</u> <input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input type="checkbox"/> Other _____ SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other <u>NONE</u>		CONC. UPPER _____ CONC. LOWER _____ UNITS _____ UNITS _____ E. _____ <input type="checkbox"/> % <input type="checkbox"/> ppm. F. _____ <input type="checkbox"/> % <input type="checkbox"/> ppm. G. _____ <input type="checkbox"/> % <input type="checkbox"/> ppm.		Non Hazardous Material _____ %	
GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.					
IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802					
TRANSPORTER (HAULER MUST COMPLETE) NAME <u>CHANCELLOR & OGDEN, INC.</u> EPA NO. <u>CA10067786749</u> ADDRESS <u>3031 East "I" Street</u> PHONE NO. (213) 432-8461 CITY, STATE, ZIP <u>Wilmington, California 90744</u>		Signature of Authorized Agent and Title <u>K.M. Mulya</u> Date Shipped <u>2-10-81</u>		PICK-UP DATE <u>2-10-81</u> TIME _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	
TSD FACILITY (FACILITY OPERATOR MUST COMPLETE) NAME <u>BKK</u> EPA NO. <u>CA10067786749</u> PHONE NO. _____		QUANTITY (If Measured) <u>18.48</u> STATE FEE (If Any) _____		DISPOSAL METHOD: <input type="checkbox"/> Surface Impoundment <input checked="" type="checkbox"/> Landfill <input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment <input type="checkbox"/> Treatment (Specify) _____ <input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer	
INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____					
NAME _____ EPA NO. _____		Signature of Authorized Agent and Title <u>D. Qui: 1</u> Date Accepted <u>2/10/81</u>		ORIGINAL	

CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

0223300

1 Manifest Number 009-088283

See reverse side for Instructions.
Please type or print clearly. Press Hard.

GENERATOR (Generator Must Complete)		Designated TSD Facility (Authorized to operate under an approved state program or federal program)		Alternate TSD Facility	
2 Name: <u>CHANCELLOR & OGDEN</u>		Name: <u>BKK</u>		Name: <u> </u>	
EPA NO. <u>0000000000</u>		EPA NO. <u>CA00007786749</u>		EPA NO. <u> </u>	
Address <u>4000 E WASHINGTON</u>		Address <u>2210 SO 14TH ST</u>		Address <u> </u>	
City, State, Zip <u>LA CA</u>		City, State, Zip <u>LA CA</u>		City, State, Zip <u> </u>	
5 U.S. DOT PROPER SHIPPING NAME <u>WATER</u>		UN/NA ID NO. <u> </u>		CONTAINERS NUMBER: <u>RAIN WATER</u>	
HAZARD CLASS <u> </u>		WEIGHT OR VOLUME <u> </u>		TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS	
WASTE <u> </u>		UNITS <u> </u>		<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK	
WASTE <u> </u>		UNITS <u> </u>		<input type="checkbox"/> OTHER <u> </u>	
6 WASTE CATEGORY <u>WATER</u>		7 EX. HAZ. WASTE PERMIT NO. <u> </u>		8 GENERATING PROCESS <u>RAIN WATER</u>	
LIST COMPONENTS: <u> </u>		RANGE LOWER <u> </u>		CONC. UPPER <u> </u>	
9 A. <u>WATER</u>		UNITS <u> </u>		UNITS <u> </u>	
B. <u>oil</u>		E. <u> </u>		F. <u> </u>	
C. <u> </u>		G. <u> </u>		G. <u> </u>	
D. <u> </u>		Non Hazardous Material <u> </u> %		Sensitizer <input type="checkbox"/> Carcinogen/Mutagen <input type="checkbox"/>	
10 WASTE PROPERTIES: pH <u>7.7</u>		Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactive <input type="checkbox"/> Other <u>None</u>		Respirator <input type="checkbox"/> Other <u>None</u>	
11 PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid		Sludge <input type="checkbox"/> Gas <input type="checkbox"/> Other <u>None</u>		Respirator <input type="checkbox"/> Other <u>None</u>	
12 SPECIAL HANDLING INSTRUCTIONS: <u> </u>		Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other <u>None</u>		Respirator <input type="checkbox"/> Other <u>None</u>	
GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.					
IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802					
13 Signature of Authorized Agent and Title <u>R McHugh</u> Date Shipped <u>12-4-80</u>					
TRANSPORTER (HAULER MUST COMPLETE)					
14 NAME <u>CHANCELLOR & OGDEN, INC.</u>					
EPA NO. <u>CA00007786749</u>					
ADDRESS <u>3031 East "I" Street</u> PHONE NO. <u>(213) 432-8461</u>					
CITY, STATE, ZIP <u>Wilmington, California 90744</u>					
TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE)					
17 NAME <u>BKK</u>					
EPA NO. <u>CA00007786749</u>					
PHONE NO. <u>965-0916</u>					
20 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: <u> </u>					
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: <u> </u>					
22 NAME <u> </u>					
EPA NO. <u> </u>					
23 Signature of Authorized Agent and Title <u> </u> Date Accepted <u>12/4/80</u>					

ORIGINAL

REVISED 11-90

See reverse side for Instructions.
Please type or print clearly. Press Hard.

10:56 CALIFORNIA: HAZARDOUS WASTE MANIFEST

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **210-012883**

(Generator Must Complete)

② Name GRANT LAKES CATION ③ DESIGNATED TSD FACILITY
EPA NO. CAD0091532970 (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
Address 1746 DEERBAY Phone No. 558-1153
City, State, Zip IRVINE CAL 92714
Order Placed By C. B. B. B. ORDER DATE 5-4-82
P.O. CONTRACT NO. 21940

⑤ U.S. DOT PROPER SHIPPING NAME CHLOROPICRIN HAZARD CLASS 101504 UN/NA ID. NO. 1840 WEIGHT OR VOLUME 500 UNITS
WASTE CHLOROPICRIN WASTE CHLOROPICRIN CONTAINERS: NUMBER 551
WASTE TYPE: ☒ DRUMS ☐ BAGS ☐ CARTONS
☐ TANK TRUCK ☐ DUMP TRUCK ☒ OTHER

⑥ WASTE CATEGORY _____ ⑦ EX. HAZ. WASTE PERMIT NO. _____ ⑧ GENERATING PROCESS _____
LIST COMPONENTS: _____
⑨ A. CHLOROPICRIN _____
B. CHLOROPICRIN _____
C. _____
D. _____
⑩ WASTE PROPERTIES: ☒ Toxic ☐ Flammable ☐ Non Hazardous Material _____
⑪ PHYSICAL STATE: ☒ Solid ☐ Liquid ☐ Sludge ☐ Gas ☐ Other _____
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ Gloves ☒ Respirator ☐ Other _____

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER: U.S. COAST GUARD 1-800-424-8802
⑬ Billie Ann P. M. M. M. ⑭ 5-3-82
Signature of Authorized Agent and Title Date Shipped

(HAULER MUST COMPLETE)
⑭ NAME FALCON DISPOSAL SERVICE PHONE NO. (213) 432-8461
EPA NO. CAD000048934
ADDRESS 3031 East "I" Street
CITY, STATE, ZIP Wilmington, California 90744
⑮ PICK-UP DATE 5-4-82 TIME 5-4-82
⑯ Alex Driver ⑰ 445
Signature of Authorized Agent and Title Date

(FACILITY-OPERATOR MUST COMPLETE)
⑰ NAME BKK LANDFILL NAME _____
EPA NO. CAD0067786749 EPA NO. _____
PHONE NO. (213) 965-0911 PHONE NO. _____
⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____
⑲ QUANTITY (If Measured) _____
⑳ STATE FEE (If Any) \$ _____
㉑ HANDLING OR DISPOSAL METHOD: ☒ Surface Impoundment ☐ Injection Well ☐ Land Treatment ☐ Treatment (Specify) _____
☐ Recovery or Reuse ☐ Storage/Transfer

SHIPMENT: _____
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____
⑳ NAME _____
EPA NO. _____
⑳ 5/4/82 ㉑ ORIGINAL
Signature of Authorized Agent and Title Date Accepted

CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

1 Manifest Number **210-012880**

REVISED 11-90

See reverse side for instructions.
Please type or print clearly. Press Hard.

3 DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)		4 ALTERNATE TSD FACILITY	
2 Name <u>GRANT LAKES CHRY</u> EPA NO. <u>CAD0079532956</u> Address <u>12461 PLEASANT Phone No. 556-1153</u> City, State, Zip <u>LA BURN CA 92014</u> Order Placed By <u>C. B. Lee</u> DATE <u>4-26-82</u> CONTRACT NO. _____		Name _____ EPA NO. _____ Address _____ City, State, Zip _____ Phone No. _____	
5 U.S. DOT PROPER SHIPPING NAME WASTE <u>CHLORACETON</u> U.S. DOT HAZARD CLASS <u>POISON</u> UN/NA ID NO. <u>1580</u> WEIGHT OR VOLUME <u>5500#</u> UNITS _____ CONTAINERS: NUMBER <u>511</u> TYPE: <input checked="" type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER _____			
6 WASTE CATEGORY <u>19</u> LIST COMPONENTS <u>CHLORACETON</u> 9 A. <u>CHLORACETON</u> B. <u>CHLORACETON</u> C. _____ D. _____		8 GENERATING PROCESS _____ 7 EX. HAZ. WASTE PERMIT NO. _____ CONCENTRATION RANGE UPPER LOWER E. _____ ppm. <input type="checkbox"/> % <input type="checkbox"/> ppm. F. _____ ppm. <input type="checkbox"/> % <input type="checkbox"/> ppm. G. _____ ppm. <input type="checkbox"/> % <input type="checkbox"/> ppm. Non Hazardous Material _____ % WASTE PROPERTIES: pH _____ 10 PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Sludge <input type="checkbox"/> Gas <input type="checkbox"/> Other _____ SPECIAL HANDLING INSTRUCTIONS: <input checked="" type="checkbox"/> Gloves <input checked="" type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other _____	
GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA. IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802 13 <u>Bob Bell</u> <u>ASSIST. MGR</u> <u>4-21-82</u> Signature of Authorized Agent and Title Date Shipped			
14 NAME <u>FALCON DISPOSAL SERVICE</u> EPA NO. <u>CAD000048934</u> ADDRESS <u>3031 East "I" Street</u> PHONE NO. <u>(213) 432-8461</u> CITY, STATE, ZIP <u>Wilmington, California 90744</u>		15 PICK-UP DATE <u>4-21-82</u> TIME <input type="checkbox"/> AM <input type="checkbox"/> PM 16 <u>Alex Driver</u> Signature of Authorized Agent and Title Date	
17 NAME <u>BKK LANDFILL</u> EPA NO. <u>CAD0067786749</u> PHONE NO. <u>(213) 965-0911</u>		18 QUANTITY (If Measured) <u>5426</u> 19 STATE FEE (If Any) \$ <u>7.26</u> 20 HANDLING OR DISPOSAL METHOD: <input type="checkbox"/> Surface Impoundment <input type="checkbox"/> Land Treatment <input type="checkbox"/> Injection Well <input type="checkbox"/> Treatment (Specify) _____ <input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer 21 <u>4/21/82</u> Signature of Authorized Agent and Title Date Accepted	
22 NAME _____ EPA NO. _____			

ORIGINAL

CALIFORNIA LIQUID WASTE HAULER RECORD STATE WATER RESOURCES CONTROL BOARD STATE DEPARTMENT OF HEALTH

Revised December 1974

009-012364

PRODUCER OF WASTE (Must be filled by producer)

Name: Waste Hauling CODE NO.

Pick up Address: 10383 (NUMBER) 15th St (STREET) San Francisco (CITY) P.O. or Contract No.: 15661

Telephone Number: Date: 1-8-77

Order Placed By: Harker Paint

Type of Process which Produced Wastes: Pump waste from Diesel Tank CODE NO.

(Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input checked="" type="checkbox"/> Mud and water
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine

☐ Other (Specify) CODE NO.

Components: Water H2O - Major Concentration: 49 ppm

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

1. Water H2O - Major

2. Diesel Fuel

3.

4.

5.

6.

Hazardous Properties of Waste:

pH 5.00 ☐ none ☐ toxic ☒ flammable ☐ corrosive ☐ explosive

Bulk Volume: 500 gal ☐ tons ☐ barrels (42 gal.) ☐ other (SPECIFY)

Containers: (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (SPECIFY)

Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (SPECIFY)

Special Handling Instructions (if any): None

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Don Skelly SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

CHANCELLOR & OGDEN, INC.
3031 East "I" Street, Wilmington, California 90744
Phone: (213) 432-8461

Pick Up: 1-8-77 DATE TIME: 9 am pm

State Liquid Waste Hauler's Registration No. (if applicable):

Job No.: 10383 No. of Loads or Trips: 1 Unit No. 219-210A

Vehicle: ☒ vacuum truck SD barrels, ☐ flatbed, ☐ other (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

W. C. Evans SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): 2705 S. Santa W.C. CODE NO.

Site Address:

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 500 gal State fee (if any):

Handling Method(s): ☐ recovery ☐ treatment (specify): (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION) CODE NO.

☒ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify): CODE NO.

If waste is held for disposal elsewhere specify final location: 1-10-77

Disposal Date: 1-10-77

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

W. C. Evans SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name

BILLING COPY

CALIFORNIA LIQUID WASTE HAULER RECORD

210-

000694

Revised December 1974

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (Must be filled by producer)

Name: Alamo Products CODE NO.

Pick up Address: 6301 KNOX AVE. BUREN PARK (STREET) (CITY)

Telephone Number: (415) 523-0370 P.O. or Contract No.

Order Placed By: Date:

Type of Process which Produced Wastes:

(Examples: metal plating, equipment cleaning, oil drilling -- wastewater treatment, pickling bath, petroleum refining)

CODE NO.

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input type="checkbox"/> Mud and water
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine

☒ Other (Specify) PAPER SATURATED W/OIL CODE NO.

Components: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

Concentration:	Upper	Lower	%	ppm
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:

pH ☐ none ☐ toxic ☒ flammable ☐ corrosive ☐ explosive

Bulk Volume: gal ☒ tons ☐ (42 gal.) ☐ other (Specify)

Containers: drums ☐ cartons ☐ bags ☒ other 400 Box (Specify)

Physical State: ☒ solid ☐ liquid ☐ sludge ☐ other (Specify)

Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable)

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Ron Collins
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

FALCON DISPOSAL SERVICE
3031 East "I" Street, Wilmington, California 90744
Phone: (213) 830-7662

Pick Up: 1-8-80 (DATE) Time: 11:05 AM

State Liquid Waste Hauler's Registration No. (if applicable): 210

Job No.: No. of Loads or Trips:

Vehicle: ☐ vacuum truck ☐ flatbed, ☐ other (Specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Ron Collins
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): BKK Waste CODE NO.

Site Address: 5200 Bush Ave

The hauler above delivered the described waste to the disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 8.37 State fee (if any): 8.37

Handling Method(s):

☐ recovery ☐ treatment (specify): (EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)

☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well

☐ other (specify):

If waste is held for disposal elsewhere specify final location:

Disposal Date: 1-8-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Ron Collins
SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

199

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name

BILLING COPY

BKK-12-C-018-00004278

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

210- 001719

PRODUCER OF WASTE (Must be filled by producer)

Name: THANKO PRODUCTS

(PRINT OR TYPE)

(NUMBER)

(STREET)

(CITY)

Pick up Address: 6301 KNIGHT AVE

(P.O. or Contract No.)

Telephone Number: 533 0390

Date: _____

Code No.

Type of Process which Produced Wastes: Vegetable Refining

(Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

Code No. _____

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☐ Acid solution

2. ☐ Alkaline solution

3. ☐ Pesticides

4. ☐ Paint sludge

5. ☐ Solvent

6. ☐ Tetraethyl lead sludge

7. ☐ Chemical toilet wastes

8. ☐ Tank bottom sediment

9. ☐ Oil

10. ☐ Drilling mud

11. ☐ Contaminated soil and sand

12. ☐ Cannery waste

13. ☐ Latex waste

14. ☐ Mud and water

15. ☐ Brine

☒ Other (Specify) Paper Saturated w/oil

Code No. _____

Components: (Examples: hydrochloric acid, lime, caustic soda, phenolics solvents (list), metals (list), organics (list), cyanide)

1. CHUAT OIL

2. PELM OIL

3. PELM OIL

4. SOY BEAN OIL

5. _____

6. _____

Concentration: Lower _____ % Upper _____ ppm

Hazardous Properties of Waste:

pH _____

☐ none

☐ toxic

☒ flammable

☐ corrosive

☐ explosive

Bulk Volume: _____

☐ gal

☒ tons

☐ barrels (42 gal.)

☐ other _____

Containers: 1 Box

(NUMBER)

400 drums

☐ cartons

☐ bags

☐ other _____

Physical State: ☒ solid

☐ liquid

☐ sludge

☐ other _____

Special Handling Instructions (if any): none

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature: Rafael Cardenas

SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

FALCON DISPOSAL SERVICE
3031 East "I" Street, Wilmington, California 90744
Phone: (213) 830-7662

Pick Up: 2-1-88 Time: 2:00 ☐ am ☐ pm
(DATE) 210
State Liquid Waste Hauler's Registration No. (if applicable):
Job No.: 2432 No. of Loads or Trips: 4 Unit No. 322
Vehicle: ☐ vacuum truck ☐ barrels, ☐ flatbed, ☒ Other Waste (SPECIFY)
The described waste was hauled by me to the disposal facility named below and was accepted.
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)
Name (print or type): OK Co
Site Address: 2410 Aruba W.C.C.
The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements. State Department of Health regulations, and local restrictions.
Quantity measured at site (if applicable): 5.30 State fee (if any): \$5.30
Handling Method(s):
☐ recovery
☒ treatment (specify):
☒ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ incineration, PRECIPITATION ☐ injection well
If waste is held for disposal, specify final location:
Disposal Date: 2/01/88
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

SIGNATURE OF AUTHORIZED AGENT AND TITLE
Vedump (3)

8-BKK EX-8 Pg 20 of 31

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name _____

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name

HAULER—OFFICE FILE COPY

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): Enland Chemical
Pick up Address: 2023 W. Collins (City)
Telephone Number: (94) 654-4501 P.O. or Contract No.:
Order Placed By: 3/15/77 Date: 3/15/77

Type of Process which Produced Wastes: Solvent Refining
(Examples: metal plating, equipment cleaning, oil drilling—Code No. _____)
wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:
1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetraethyl lead sludge
7. ☐ Chemical toilet wastes
8. ☒ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Camerary waste
13. ☐ Latex waste
14. ☐ Sludge and water
15. ☐ Brine
☐ Other (Specify) _____ Code No. _____

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanides)
1. Methylolac Ethanol
2. Acetone
3. Toluol
4. _____
5. _____
6. _____
Concentration: _____ ppm
Upper _____
Lower _____

Hazardous Properties of Waste:
pH _____
Bulk Volume: 1400 tons
Containers: _____
Physical State: _____
Special Handling Instructions (if any): sludge

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).
I certify (or declare) under penalty of perjury that the foregoing is true and correct.
Signature of authorized agent and title: [Signature]

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): SOUTHLAND DRAIN OIL CO.
Business Address: 13219 Goller Ave (Street)
Telephone Number: (213) 863-2701 Pick up: 3/15/77 (Date)
State Liquid Waste Hauler's Registration No. (if applicable): 165

Job No.: _____ No. of Loads or Trips: 1 Unit No.: 2
Vehicle: ☒ Accum truck 30 barrels, ☐ flatbed, ☐ other (specify) _____
The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.
Signature of authorized agent and title: [Signature]

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): BKK
Site Address: 2205 Aguilar W. Columbia
Code No. _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RMOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 1400 gal State fee (if any): 300
Handling Method(s):
☐ recovery
☐ treatment (specify): _____
☐ disposal (specify): ☒ landfill ☐ injection well
If waste is held for disposal elsewhere specify final location: _____
Disposal Date: 3-15-77
I certify (or declare) under penalty of perjury that the foregoing is true and correct.
Signature of authorized agent and title: [Signature]

SEE REVERSE SIDES FOR INSTRUCTIONS, PLEASE TYPE OR PRINT CLEARLY.
PRESS HARD

27760 CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

GENERATOR (GENERATOR MUST COMPLETE)
Inland Specialty Chemical Corp.

③ NAME C A D 0 8 1 6 0 9 5 9 0 8
EPA NO. 2023 Collins
ADDRESS Orange, CA 92667
CITY, STATE, ZIP CODE
PHONE NO. 714 997-5880
ORDER PLACED BY John McDonald
DATE 10/14
CONTRACT NO.

④ DESIGNATED TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME BKK CORP
EPA NO. C14D101627867419
ADDRESS 2210 S A268A
CITY, STATE, ZIP CODE
PHONE NO. 273 965-0921

U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER	DUMP TRUCK
WASTE Methylene Chloride, Methylene Chloride	ORM-A	UN1593	100	Barrels	BAGS DRUMS TANKS OTHER	

⑥ WASTE CATEGORY 65
⑦ EX. HAZ. WASTE PERMIT NO. N/A
⑧ GENERATING PROCESS Wash water
CONC. RANGE UPPER LOWER
⑨ LIST COMPONENTS:
A Methylene Chloride 5.0 9.20
B Methylene Chloride 1.2 1.2
C Methylene Chloride 1.2 1.2
D Methylene Chloride 1.2 1.2
⑩ WASTE PROPERTIES PH 5 TOXIC ☒ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY
⑫ SPECIAL HANDLING INSTRUCTIONS GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER ☐

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

TRANSPORTER (HAULER MUST COMPLETE)

④ NAME UNITED PUMPING SERVICE
EPA NO. C A D 0 7 2 9 5 3 7 7 1
ADDRESS 14016 EAST VALLEY BOULEVARD
CITY, STATE, ZIP CODE CITY OF INDUSTRY, CA 91746
PHONE NO. (213) 961-9326

JOB NO. 23715
UNIT NO. 10
⑤ PICK-UP DATE 10-20-81
TIME 7 AM

TSD FACILITY (OPERATOR MUST COMPLETE)

⑦ NAME
EPA NO. C A D 0 7 2 9 5 3 7 7 1

⑬ QUANTITY (IF MEASURED) 17.86
⑭ STATE FEE (IF ANY) \$ 17.86
⑮ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
⑯ HANDLING OR DISPOSAL METHOD
LANDFILL ☐
SURFACE IMPROVEMENT ☐
INJECTION WELL ☐
TREATMENT (Specify) ☐
RECOVERY OR REUSE ☐
STORAGE/TRANSFER ☐
DATE ACCEPTED 10-20-81

② IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME
EPA NO.

REVISED 11/80

BKK-10-C-050-00000054

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

Revised December 1974

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): RICHARDSON GRAPHICS Code No.
Pick up Address: 1042 Wallace Place (City) City of Industry
Telephone Number: (963) 8456 P.O. or Contract No.
Order Placed By: Mrs Gay Date: 10-27-75

Type of Process: PRINTING MATERIAL
Which Produced Wastes: (Examples: metal plating, equipment cleaning, oil drilling--Code No.
wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

- Check type of wastes:
- 1. ☐ Acid solution
 - 2. ☐ Alkaline solution
 - 3. ☐ Pesticides
 - 4. ☐ Paint sludge
 - 5. ☐ Solvent
 - 6. ☐ Tetraethyl lead sludge
 - 7. ☐ Chemical toilet wastes
 - 8. ☐ Tank bottom sediment
 - 9. ☐ Oil
 - 10. ☐ Drilling mud
 - 11. ☐ Contaminated soil and sand
 - 12. ☐ Cannery waste
 - 13. ☐ Latex waste
 - 14. ☐ Mud and water
 - 15. ☐ Brine

☐ Other (Specify): Defective Drilling Solutions Code No.

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Lower	Concentration: %	ppm
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:

pH ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 45 gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)

Containers: 45 drums ☒ cartons ☐ bags ☐ other (specify)

Physical State: ☒ solid ☒ liquid ☐ sludge ☐ other (specify)

Special Handling Instructions (if any):

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): City of Industry Disposal Co. Code No. 592
Business Address: 420 North Del Valle (City) City of Industry
Telephone Number: (963) 330-5439 Pick Up: 10-27-75 Time: am ☐ pm ☐
State Liquid Waste Hauler's Registration No. (if applicable): 00193

Job No.: No. of Loads or Trips: one Unit No.: 3
Vehicle: ☐ vacuum truck ☐ barrels, ☐ flatbed, ☐ other (specify) Pickup
The described waste was hauled by me to the disposal facility named below and was accepted.
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)
Signature of authorized agent and title [Signature]
Name (print or type): BKR Co
Site Address: 2210 Azusa w.c.

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 45 qt State fee (if any): CASES OF 4 ea.

Handling Method(s): ☐ recovery ☐ treatment (specify): Code No.
☒ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify): Code No.

If waste is held for disposal elsewhere specify final location:
Disposal Date: 10-27-75
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title [Signature]

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

Signature of authorized agent and title [Signature]

CALIFORNIA LIQUID WASTE HAULER RECORD LACSD-230B-58929

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): SUMP DOCTOR

Business Address: 4080 W 1ST ST #279 Santa Ana CA 92705

Telephone Number: (714) 225-0085 Pick Up: 10:15 (city) San (state) CA

State Liquid Waste Hauler's Registration No. (if applicable): 230

Job No.: 3010 Unit No.: 2

Vehicle: ☒ vacuum truck ☐ barrels, ☐ flatbed, ☐ Other (specify) _____

The described waste was hauled by me to the disposal facility named below and was accepted. I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): BKK

Site Address: 230 S. Azusa, W. Corona Ca 91797

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): see 83009432

Handling Method(s): ☐ recovery ☐ treatment (specify): _____ ☐ pond ☐ spreading ☒ landfill ☐ injection well

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 5/19/83

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

Signature of Authorized Agent and Title: [Signature]

GEN 69000 OLD/NEW L S A TONS ALL

TRAN 230 73-321 RT CD 6-0 HWF #83009432

C/Q

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): SIEMA CHEMICAL CORP

Pick up Address: 2516 WOODLAND DR ANAHEIM (city) CA Zip Code _____

Telephone Number: _____ P.O. or Contract No.: _____

Order Placed By: _____ Date: 10

Type of Process which Produced Wastes: WATER TANK WASH

(Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input type="checkbox"/> Mud and water
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine

Other (Specify): None

Components: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide

Concentration: %	Upper	Lower	ppm
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

Hazardous Properties of Waste:

pH 11.5 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 115 ☐ gal ☐ tons ☐ barrels (42 gal.) ☐ other (specify) _____

Containers: 115 ☐ drums ☐ cartons ☐ bags ☐ other (specify) _____

Physical State: ☐ solid ☐ liquid ☒ sludge ☐ other (specify) _____

Special Handling Instructions (if any): None

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable). I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of Authorized Agent and Title: N. W. Scott Carls

State of California—Health and Welfare Agency

Department of Health Services

HAZARDOUS WASTE MANAGEMENT BRANCH

UNIFORM HAZARDOUS WASTE MANIFEST

744 P Street
Sacramento, CA 95814

STATE ID NUMBER **8 3073574**

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

SIGMA CHEMICAL CORP.
2516 WOODLAND DR.
ANAHEIM, CA 92811
AREA CODE/PHONE NUMBER **714/821-0681**

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CA 7780737927

TRANSPORTER NO.

SUMP DOCTOR
4080 WILLY ST.
SANTA ANA, CA.

VEH./CONTAINER NO.

EPA ID NUMBER

114100105CA 7080033764

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK
2210 SO. AZUSA AVE
WEST COVINA, CA.
AREA CODE/PHONE NUMBER **213/965-0916**

CA 7947784749

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT NO.

DISP.
METH

CORROSIVE MATERIAL NOS.
TRICHLOROPHENOL (ORMA)

NA 2020

1163 LBS

14DF18103

CORROSIVE MATERIAL NOS

NA 2020

1170 LBS

12DF18103

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

TRICHLOROPHENOL

90

PENTACHLOROPHENOL

90

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO. DAY YR.
11 25 83

Printed or typed full name and signature

WILLIAM H. CARLS

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO. DAY YR.
11 25 83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO. DAY YR.
11 25 83

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

GEN **69001**
TRAN **02301**
CM-6

OLD/NEW
24-252

L A
RT 3SR
CD

TONS
0.96
HWF **18.00**

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

Printed or typed full name and signature

KAY SIMPSON

EPA ID NUMBER

MO. DAY YR.
11 26 83

CALIFORNIA HAZARDOUS WASTE MANIFEST

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

See reverse side for Instructions.
Please type or print clearly. Press Hard.

09-11233-jlg Doc 2812-13 Filed 05/28/10 Entered 05/28/10 16:17:12 Exhibit Tab

<p>① Manifest Number 025-100020</p>		<p>④ Alternate TSD Facility</p>	
<p>② Name <u>Southwest Petro Chem</u></p>		<p>Name </p>	
<p>EPA NO. <u>CAD 908286858</u></p>		<p>EPA NO. </p>	
<p>Address <u>19530 So. Alameda</u></p>		<p>Address </p>	
<p>City, State, Zip <u>Compton, Ca. 90221</u></p>		<p>City, State, Zip </p>	
<p>③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)</p>		<p>⑤ U.S. DOT PROPER SHIPPING NAME</p>	
<p>Name <u>BKK</u></p>		<p>WASTE <u>WATER & GREASE</u></p>	
<p>EPA NO. <u>CAD 0667786749</u></p>		<p>HAZARD CLASS <u>045</u></p>	
<p>Address <u>2310 AZUZA</u></p>		<p>WASTE <u>WATER & GREASE</u></p>	
<p>City, State, Zip <u>W.C.</u></p>		<p>HAZARD CLASS <u>045</u></p>	
<p>⑥ WASTE CATEGORY <u>WATER GREASE</u></p>		<p>⑦ EX. HAZ. WASTE PERMIT NO. <u>350815</u></p>	
<p>LIST COMPONENTS:</p>		<p>CONTAINERS NUMBER: <u>350815</u></p>	
<p>A. <u>50% GREASE</u></p>		<p>TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS</p>	
<p>B. <u>50% WATER</u></p>		<p><input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK</p>	
<p>C. <u>WATER</u></p>		<p><input type="checkbox"/> OTHER</p>	
<p>D. <u>WATER</u></p>		<p>⑧ GENERATING PROCESS <u>Flaring on Pump out</u></p>	
<p>⑩ WASTE PROPERTIES: pH <u>7.0</u></p>		<p>⑪ PHYSICAL STATE: <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge</p>	
<p>⑫ SPECIAL HANDLING INSTRUCTIONS: <u>Gloves</u></p>		<p>⑬ WASTE PROPERTIES: <input type="checkbox"/> Toxic <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactant <input type="checkbox"/> Carcinogen/Mutagen</p>	
<p>⑭ NAME <u>CROSBY & OVERTON, INC.</u></p>		<p>⑮ PICK-UP DATE <u>12-12-80</u></p>	
<p>EPA NO. <u>CAD 028409019</u></p>		<p>TIME <u>0800</u> <input type="checkbox"/> AM <input type="checkbox"/> PM</p>	
<p>ADDRESS <u>1620 W. 16th Street</u></p>		<p>⑯ DATE <u>12-12-80</u></p>	
<p>CITY, STATE, ZIP <u>Long Beach, CA 90813</u></p>		<p>⑰ SIGNATURE OF AUTHORIZED AGENT AND TITLE <u>Albert Lucero</u></p>	
<p>⑱ QUANTITY (If Measured) <u>3.88</u></p>		<p>⑲ STATE FEE (If Any) <u>965-0916</u></p>	
<p>⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT:</p>		<p>㉑ HANDLING OR DISPOSAL METHOD: <input type="checkbox"/> Surface Impoundment <input type="checkbox"/> Land Treatment</p>	
<p>IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:</p>		<p>㉒ RECOVERY OR REUSE <input type="checkbox"/> STORAGE/TRANSFER</p>	
<p>㉓ NAME </p>		<p>㉔ DATE ACCEPTED <u>12/12/80</u></p>	
<p>EPA NO. </p>		<p>ORIGIN <u>ORIGINAL</u></p>	

BKK-11-C-011-00001466

CALIFORNIA LIQUID WASTE HAULER RECORD
STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

009-023273
DE

Revised December 1974

PRODUCER OF WASTE (Must be filled by Producer) Name: <u>Southwest Petro Chem</u> Pick up Address: <u>19503 S. Alameda</u> (City) Telephone Number: <u>213-639-4504</u> P.O. or Contract No.: Order Placed By: <u>Dennis Lohr</u> Date: <u>12-19-79</u> Type of Process which Produced Wastes: <u>Cleaning Boiler</u> (Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)		HAULER OF WASTE (Must be filled by Hauler) Name: <u>CHANCELLOR & OGDEN, INC.</u> 3031 East "I" Street, Wilmington, California 90744 Phone: (213) 432-8461 Pick Up: <u>19 Dec 79</u> Time: <u>9</u> AM State Liquid Waste Hauler's Registration No. (if applicable): Job No.: <u>12148</u> No. of Loads or Trips: <u>1</u> Unit No. <u>201</u> Vehicle: <input checked="" type="checkbox"/> vacuum truck <input type="checkbox"/> flatbed, <input type="checkbox"/> other (SPECIFY) The described waste was hauled by me to the disposal facility named below and was accepted. I certify (or declare) under penalty of perjury that the foregoing is true and correct. Signature of Authorized Agent and Title: <u>[Signature]</u>	
DESCRIPTION OF WASTE (Must be filled by Producer) Check type of wastes: 1. <input checked="" type="checkbox"/> Acid solution 2. <input type="checkbox"/> Alkaline solution 3. <input type="checkbox"/> Pesticides 4. <input type="checkbox"/> Paint sludge 5. <input type="checkbox"/> Solvent 6. <input type="checkbox"/> Tetraethyl lead sludge 7. <input type="checkbox"/> Chemical toilet wastes 8. <input type="checkbox"/> Tank bottom sediment 9. <input type="checkbox"/> Oil 10. <input type="checkbox"/> Drilling mud 11. <input type="checkbox"/> Contaminated soil and sand 12. <input type="checkbox"/> Cannery waste 13. <input type="checkbox"/> Latex waste 14. <input checked="" type="checkbox"/> Mud and water 15. <input type="checkbox"/> Brine Other (Specify): Components: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide) Concentration: Upper Lower % 1. <u>Sludge</u> <u>20</u> 2. <u>Water</u> <u>70</u> 3. <u>HCL</u> <u>10</u> 4. 5. 6. Hazardous Properties of Waste: pH <u>7.0</u> <input checked="" type="checkbox"/> none <input type="checkbox"/> toxic <input type="checkbox"/> flammable <input type="checkbox"/> corrosive <input type="checkbox"/> explosive Bulk Volume: <u>100</u> gal <input type="checkbox"/> tons <input checked="" type="checkbox"/> barrels (42 gal.) <input type="checkbox"/> other (SPECIFY) Containers: <u>100</u> drums <input type="checkbox"/> cartons <input type="checkbox"/> bags <input checked="" type="checkbox"/> other (SPECIFY) Physical State: <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> sludge <input type="checkbox"/> other (SPECIFY) Special Handling Instructions (if any): <u>None</u> The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable). I certify (or declare) under penalty of perjury that the foregoing is true and correct. Signature of Authorized Agent and Title: <u>[Signature]</u>		DISPOSAL OF WASTE (Must be filled by Hauler) Name (print or type): <u>2210 S. Azusa</u> Site Address: <u>13.73</u> The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions. Quantity measured at site (if applicable): <u>13.73</u> State fee (if any): <u>13.73</u> Handling Method(s): <input type="checkbox"/> recovery <input type="checkbox"/> treatment (specify): <input checked="" type="checkbox"/> disposal (specify): <input type="checkbox"/> pond <input type="checkbox"/> spreading <input type="checkbox"/> landfill <input type="checkbox"/> injection well If waste is held for disposal elsewhere specify final location: Disposal Date: <u>12/19/79</u> I certify (or declare) under penalty of perjury that the foregoing is true and correct. Signature of Authorized Agent and Title: <u>[Signature]</u>	

HAULER - OFFICE FILE COPY

D.O.T. Proper Shipping Name

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

BKK-11-C-048-00004742

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

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S
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No. 12334

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): Imperial Co
Pick up Address: 1000 (Number) Imperial (City)
Telephone Number: 1000 (Area) 1000 (City)
Order Placed By: Bob. Walters Date: 10/10/78
Type of Process: Holding Tank
Which Produced Wastes: Oil Refining
(Examples: metal plating, equipment cleaning, oil drilling—Code No. wastewater treatment, pickling bath, petroleum refining)

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): INCORPORATED
Business Address: 2221 LOMA ST., SO. EL MONTE, CALIF. 91733 Code No. 139
Telephone Number: (213) 443-0103 Pick Up: 10/12/78 Time: 1:00 pm
State Liquid Waste Hauler's Registration No. (if applicable): 139
Job No.: 9463 No. of Loads or Trips: 1 Unit No.: L-3
Vehicle: vacuum truck ☒ flatbed, ☐ other
The described waste was hauled by me to the disposal facility named below and was accepted.
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:
1. ☐ Acid solution
2. ☐ Alkaline solution
3. ☐ Pesticides
4. ☐ Paint sludge
5. ☐ Solvent
6. ☐ Tetrachloro lead sludge
7. ☐ Chemical toilet wastes
8. ☐ Tank bottom sediment
9. ☐ Oil
10. ☐ Drilling mud
11. ☐ Contaminated soil and sand
12. ☐ Gummy waste
13. ☐ Latex waste
14. ☐ Mud and water
15. ☐ Brine
☐ Other (Specify) Oil Refining Code No. 139

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

Concentration: %	Upper	Lower	ppm
1.			
2.			
3.			
4.			
5.			
6.			

Hazardous Properties of Waste:
pH 10.0 ☐ toxic ☐ flammable ☐ explosive
Bulk Volume: 100 gal ☐ barrels (42 gal) ☐ other (specify)
Containers: 100 drums ☐ cartons ☐ bags ☐ other (specify)
Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (specify)
Special Handling Instructions (if any): none

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

D.E. Buckwalter
Signature of authorized agent and title

PRESS FIRMLY - YOU ARE SIGNING 6 COPIES

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): 2210 HESAWC Code No. 139
Site Address: 2210 HESAWC

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RMOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 17642 State fee (if any): 17642
Handling Method(s):
☐ recovery
☐ treatment (specify):
☒ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify):

If waste is held for disposal elsewhere, specify final location:

Disposal Date: 10-2-78
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

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FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): Universal Co Code No.
Pick up Address: Telegraph at Commerce (City)
Telephone Number: P.O. or Contract No.:
Order Placed By: Bob Watkins Date: 10/2/78

Type of Process which Produced Wastes: Holding Tank Cleaning
(Examples: metal plating, equipment cleaning, oil drilling, wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. <input type="checkbox"/> Acid solution	9. <input type="checkbox"/> Tank bottom sediment
2. <input type="checkbox"/> Alkaline solution	10. <input checked="" type="checkbox"/> Oil
3. <input type="checkbox"/> Pesticides	11. <input type="checkbox"/> Drilling mud
4. <input type="checkbox"/> Paint sludge	12. <input type="checkbox"/> Contaminated soil and sand
5. <input type="checkbox"/> Solvent	13. <input type="checkbox"/> Cannery waste
6. <input type="checkbox"/> Tetrachloride lead sludge	14. <input type="checkbox"/> Latex waste
7. <input type="checkbox"/> Chemical toilet wastes	15. <input type="checkbox"/> Mud and water

☐ Other (Specify) Code No.

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Lower	Concentration: %	ppm
1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Wastes:

pH 1.00 ☐ none ☐ toxic ☐ flammable ☒ explosive

Bulk Volume: 100 ☐ gal ☐ tons ☒ barrels (42 gal) ☐ other (specify)

Containers: 1 (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)

Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (specify)

Special Handling Instructions (if any): NONE

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title Bob Watkins

PRESS FIRMLY - YOU ARE SIGNING 6 COPIES

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): INCORPORATED Code No.
Business Address: 2221 LOMA ST., SO. EL MONTE, CALIF. 91733
Telephone Number: (213) 443-0103 Pick Up: 10/2/78 Time: am ☐ pm ☐
State Liquid Waste Hauler's Registration No. (if applicable): 139

Job No.: 9462 No. of Loads or Trips: 1 Unit No.: L-3
Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other (specify)
The described waste was hauled by me to the disposal facility named below and was accepted.
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)
Signature of authorized agent and title Robert C. ...

Name (print or type): SKK ... Code No.
Site Address: 5000 ...

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local regulations.
Quantity measured at site (if applicable): 18.05 State fee (if any):

Handling Method(s):
☐ recovery
☐ treatment (specify):
☒ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ incineration ☐ precipitation ☐ injection well ☐ other (specify):

If waste is held for disposal elsewhere, specify final location:
Disposal Date: 10/2/78
I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

208

009-000544

CALIFORNIA LIQUID WASTE HAULER RECORD

Revised December 1974

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

PRODUCER OF WASTE (Must be filled by producer) Name: <u>UNICO CHEMICAL</u> Pick up Address: <u>2100 LE 223RD ST CARSON</u> Telephone Number: <u>562-394-353</u> P.O. or Contract No.: Order Placed By: <u>DA. HYDRAULS - S-PIT</u> Type of Process which Produced Wastes: <u>oil drilling - wastewater treatment, pickling bath, petroleum refining</u>		HAULER OF WASTE (Must be filled by hauler) CHANCELLOR & OGDEN, INC. 3031 East "I" Street, Wilmington, California 90744 Phone: (213) 432-8461 Pick Up: <u>4-1-75</u> Time: <u>9:00</u> A.M. State Liquid Waste Hauler's Registration No. (if applicable): <u>18731</u> No. of Loads or Trips: <u>1</u> Unit No: <u>180-1974</u> Vehicle: <u>vacuum truck</u> <input type="checkbox"/> flatbed, <input type="checkbox"/> other: <u>(specify)</u> The described waste was hauled by me to the disposal facility named below and was accepted. I certify (or declare) under penalty of perjury that the foregoing is true and correct.	
DESCRIPTION OF WASTE (Must be filled by producer) Check type of wastes: 1. <input checked="" type="checkbox"/> Acid solution 2. <input type="checkbox"/> Alkaline solution 3. <input type="checkbox"/> Pesticides 4. <input type="checkbox"/> Paint sludge 5. <input type="checkbox"/> Solvent 6. <input type="checkbox"/> Tetraethyl lead sludge 7. <input type="checkbox"/> Chemical toilet wastes 8. <input type="checkbox"/> Tank bottom sediment 9. <input type="checkbox"/> Oil 10. <input type="checkbox"/> Drilling mud 11. <input type="checkbox"/> Contaminated soil and sand 12. <input type="checkbox"/> Cannery waste 13. <input type="checkbox"/> Latex waste 14. <input type="checkbox"/> Mud and water 15. <input type="checkbox"/> Brine Other (Specify): Components: <u>ALCL3</u> <u>HCL</u> <u>oil</u> (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)		DISPOSER OF WASTE (Must be filled by hauler) Name (print or type): <u>B.B. H. O'SP</u> Site Address: <u>2410 S. AUGUSTA, WILMINGTON, CA 90744</u> The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions. Quantity measured at site (if applicable): <u>100 gal.</u> State fee (if any): <u>10</u> Handling Method(s): <input type="checkbox"/> recovery <input type="checkbox"/> treatment (specify): <u>(examples: incineration, neutralization, precipitation)</u> <input type="checkbox"/> pond <input type="checkbox"/> spreading <input checked="" type="checkbox"/> landfill <input type="checkbox"/> injection well <input type="checkbox"/> disposal (specify): <u>landfill</u> If waste is held for disposal elsewhere specify final location: Disposal Date: <u>4-1-75</u> I certify (or declare) under penalty of perjury that the foregoing is true and correct.	
Hazardous Properties of Waste: pH: <u>1-2</u> <input type="checkbox"/> none <input type="checkbox"/> toxic <input type="checkbox"/> flammable <input checked="" type="checkbox"/> corrosive <input type="checkbox"/> explosive Bulk Volume: <u>100</u> <input type="checkbox"/> gal <input type="checkbox"/> tons <input type="checkbox"/> drums <input type="checkbox"/> cartons <input type="checkbox"/> bags <input checked="" type="checkbox"/> other TRUCK Containers: <u>(NUMBER)</u> <input type="checkbox"/> solid <input checked="" type="checkbox"/> liquid <input type="checkbox"/> sludge <input type="checkbox"/> other: <u>(SPECIFY)</u> Physical State: Special Handling Instructions (if any):		The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports. Signature of Authorized Agent and Title: <u>Bill Reed</u> FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300. D.O.T. Proper Shipping Name: <u>HAULER - OFFICIAL COPY</u>	

BKK-22-A-093-00011267

009-009170

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

Revised December 1974

CHANCELLOR & OGDEN, INC.
3031 East "I" Street, Wilmington, California 90744
Phone: (213) 432-8461

CODE NO. ☐

Pick Up: 5-22-80 Time: 12:00 PM
DATE: 9

State Liquid Waste Hauler's Registration No. (if applicable):

Job No.: 13661 No. of Loads or Trips: 1

Vehicle: ☒ vacuum truck ☐ flatbed, ☐ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE
Don Rogers

DISPOSER OF WASTE (Must be filled in)

Name (print or type): ZPO BULL

Site Address: 220 BULL

Quantity measured at site (if applicable): 19.39

State fee (if any): 19.39

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Handling Method(s):

☐ recovery

☐ treatment (specify):

(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)

☐ pond ☐ spreading ☐ landfill ☐ injection well

☒ disposal (specify):

☐ other (specify):

If waste is held for disposal, specify final location:

Disposal Date: 5-22-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

SIGNATURE OF AUTHORIZED AGENT AND TITLE
Don Rogers

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name

Name: *White Chemical Co.*
Pick up Address: 2100 E 223rd St (CITY)
Telephone Number: (415) 830 4353 P.O. or Contract No.:
Order Placed By: Date:

Type of Process which Produced Wastes: *Alkyl carbon Treaters*
(Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled in)

Check type of waste:

1. ☒ Acid solution

2. ☐ Alkaline solution

3. ☐ Pesticides

4. ☐ Paint sludge

5. ☐ Solvent

6. ☐ Tetraethyl lead sludge

7. ☐ Chemical toilet wastes

8. ☐ Tank bottom sediment

9. ☒ Oil

10. ☐ Drilling mud

11. ☐ Contaminated soil and sand

12. ☐ Cannery waste

13. ☐ Latex waste

14. ☒ Mud and water

15. ☐ Brine

Other (Specify) *sand and grease trap*

Components: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

1. *Carbon*

2. *Oil*

3. *Mud*

4. *Ammonia chloride*

5.

6.

Hazardous Properties of Waste:

pH *6* ☐ none ☐ toxic ☒ flammable ☒ corrosive ☐ explosive

Bulk Volume: *100* gal ☐ tons ☒ drums ☐ cartons ☐ bags ☒ other (specify)

Containers: *100* ☐ drums ☐ cartons ☐ bags ☒ other (specify)

Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (specify)

Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE
Don Rogers

D.O.T. Proper Shipping Name